



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Solid Waste Management

BWP SW 43 Landfill Closure Completion

Application for Determination of Landfill Closure
Completion and Post Closure Planning

Transmittal Number _____

Facility ID# (if known) _____

A. Applicant Information

Name

Street Address

City/Town

State

Zip Code

Telephone

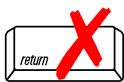
Contact Person

Contact Telephone

B. Project Information

Page #

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Directions:
Specify the plan/report and page numbers where the information is located. Enter "N/A" if information requested is not applicable.

Important Note:
Engineering Plans must be stamped by a Registered Professional Engineer (PE). Property Line Location must be stamped by a Registered Land Surveyor (RLS).

	Plan/Report #	Page #	DEP Use Only
1. Landfill Assessment summation report	_____	_____	_____
a. Public health, safety or environmental concerns	_____	_____	_____
b. Closure design description	_____	_____	_____
2. Final Closure Construction	_____	_____	_____
a. Construction report. Description of general construction activity especially unusual, unexpected or other changes to intended design.	_____	_____	_____
b. As-Built Plans	_____	_____	_____
(1) QA/QC documentation 310 CMR 19.106	_____	_____	_____
(2) P.E. signed and stamped	_____	_____	_____
(3) Construction Certification 310 CMR 19.107	_____	_____	_____
3. Post Closure Requirements	_____	_____	_____
a. Post closure maintenance plan	_____	_____	_____
(1) Final cover evaluation	_____	_____	_____



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B. Project Information (cont.)

Page #

	Plan/Report #	Page #	DEP Use Only
(2) Landfill gas controls	_____	_____	_____
(3) Leachate management	_____	_____	_____
(4) Surface water management	_____	_____	_____
(5) Erosion and sedimentation control	_____	_____	_____
b. Post closure monitoring plan	_____	_____	_____
(1) Sampling locations	_____	_____	_____
(2) Sampling frequency	_____	_____	_____
(3) Sampling parameters	_____	_____	_____
(4) Narrative summary of monitoring data (previous 5 years)	_____	_____	_____
c. Corrective action plan	_____	_____	_____
4. Post-closure use	_____	_____	_____
a. Description of post-closure use	_____	_____	_____
b. Specific post-closure use monitoring maintenance, and assessment methods	_____	_____	_____
5. Deed Notice (19.041(6))	_____	_____	_____
6. Financial Assurance for Post-Closure Care (310 CMR 19.051)	_____	_____	_____
a. Mechanism (310 CMR 19.051(12))	_____	_____	_____
b. Amount (310 CMR 19.051(5))	_____	_____	_____
7. Reporting Requirements	_____	_____	_____
a. Identify all reporting requirements for inspection, assessment and environmental monitoring activities, etc	_____	_____	_____
b. Provide a summary table of all reporting requirements including item, frequency, and submission requirements	_____	_____	_____



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C. Certification & Engineer's Supervision: 310 CMR 19.011

Engineer's Supervision:

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

Print Name

Authorized Signature

Position/Title

Company

P.E. #

Date

Certification:

Any person, required by these regulations or any order issued by the Department, to submit papers shall identify themselves by name, profession, and relationship to the applicant and legal interest in the facility, and make the following certification: "I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment."

Print Name

Authorized Signature

Position/Title

Date